

**UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF NEW YORK**

**Dino Paladino,**

**Plaintiffs,**

**- against -**

**DHL Express (USA), Inc. and International Brotherhood  
Of Teamsters Air Freight Chauffeurs, Handlers,  
Warehousemen Allied Workers Union No. 295,**

**Defendants.**

CV-07-1579 (DRH) (ARL)

**DECLARATION OF  
DINO PALADINO**

Dino Paladino declares under penalty of perjury that the following statements are true to the best of his knowledge, information, and belief:

1. I am the plaintiff in the within action and I have personal knowledge of the facts set forth herein. I make this declaration in support of my motion for permission to appeal *in forma pauperis*. The details of my financial situation showing my inability to pay or to give security for fees and costs are set forth below and in a separate financial affidavit attached hereto as Exhibit A.

2. I brought this lawsuit because I have been discriminated against on the basis of my disabilities of depression and celiac disease in violation of the American with Disabilities Act [hereinafter "ADA"] and Section 296.2(a) of the New York Executive Law. Defendants have subjected me to disparate terms and conditions of employment on the basis of my disabilities and discriminated against me in violation of the ADA.

3. I am unemployed and living on a fixed income of \$2,400.00 per month that is provided from my Social Security Disability benefits. My benefits also provide a

fixed income of \$800.00 per month that is directed to my spouse Laura Paladino in Peoria, Arizona. My spouse is unemployed. I am currently supporting my spouse and three children in Peoria, Arizona. In addition to the \$800.00 per month received due to my benefits, I send them approximately \$1,500.00 - \$1,800.00 per month for rent and living expenses. This amount varies from month to month based on their needs for the month including car repairs, maintenance, and scholastic activities for the children.

4. I have lost my home due to foreclosure. I am currently residing with my parents at 49 Weaving Lane, Wantagh, New York 11793 and making fixed monthly rental payments to them in the amount of \$500.00 under a private arrangement. My allowance for food and provision of basic utilities are covered with this payment. On occasion, I contribute additional monies towards partial payment of the electricity and cable television bills in the amount of \$50.00 and \$80.00, respectively. I also contribute additional moneys for transportation costs in the amount of \$150.00 because I do not own a vehicle and have to rely on my father to transport me to Long Island Jewish Medical Center where I am receiving mental health treatment for severe depression, suicidal ideations, and borderline personality disorder. It is my estimation that these additional contributions consume most of the remainder of my monthly income derived solely from my Social Security Disability benefits. Additionally, New York State Medicaid was paying for my mental health treatment; however, I was advised that these payments would cease as of this month. As a result I would have to apply for additional insurance through the Medical Center and contribute an out-of-pocket deductible for my treatment. As of this date, I am not aware of the amount of this deductible.

5. Based on the foregoing, I affirm under penalty of perjury that, because of my impoverished situation I cannot pay the docket fees associated with my appeal. I believe that I am entitled to redress.

6. The issue I seek to present on appeal is that the District Court improperly granted defendant's motion for summary judgment.

WHEREFORE, I respectfully request that the Court grant me permission to appeal *in forma pauperis*.

Dated: May 3, 2010



Dino Paladino

**FINANCIAL AFFIDAVIT**  
**In Support of a Motion to Proceed In Forma Pauperis**

Case Name: Dino Palatino v. DHL Express (USA), Inc, et al.

Docket Number: CIV-07-1579 (DRH)(ARL)

**EMPLOYMENT**

Are you now employed? ☐ Yes ☒ No ☐ Self Employed

Name & Address of Employer: \_\_\_\_\_

If YES, how much do you earn per month? \$ \_\_\_\_\_

If NO, give month & year of last employment Oct. 2008

How much did you earn per month? 2,400

If married, is your spouse employed? ☐ Yes ☒ No

If YES, how much does your spouse earn per month? \$ \_\_\_\_\_

If a minor under age 21, what is your parents' or guardian's approximate monthly income?  
\$ \_\_\_\_\_

**OTHER INCOME**

Have you received in the past 12 months any income from a business, profession, or other form of self-employment, or in the form of rent, payments, interest, dividends, retirement or annuity payments, or other sources? ☐ Yes ☒ No

If YES, give the amount received and identify sources:

Received N/A  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sources: N/A  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CASH**

Have you any cash on hand or money in savings, a prisoner trust fund account or checking account? ☒ Yes ☐ No

If YES, state total amount \$ 2,000

**PROPERTY**

Do you own any real estate, stock, bonds, notes, automobiles or other valuable property (excluding ordinary household furnishings and clothing?) ☐ Yes ☒ No

If YES, give value and describe it:

Value	Description
N/A	N/A
_____	_____
_____	_____
_____	_____

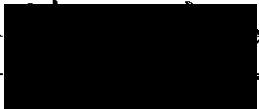
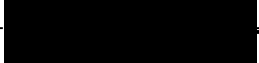
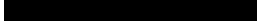
**DEPENDENTS**

Marital status:

- ☐ Single  
☒ Married  
☐ Widowed  
☐ Separated or Divorced

Total No. of Dependents: 4

List persons you actually support & your relationship

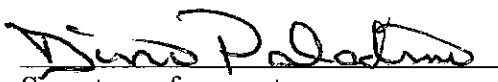
Laura Paladino	- wife
	Paladino - Daughter
	Paladino - Daughter
	Paladino - Son

**DEBTS & MONTHLY BILLS**

List all creditors, including banks, loan companies, charge accounts, etc.

Creditors:	Total Debt:	Monthly Payment:
Apt. or Home: <u>N/A</u>	\$ <u>N/A</u>	\$ <u>N/A</u>
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

I certify the above to be correct.

  
 Signature of movant

5/3/10  
 Date

**WARNING:** A false or dishonest answer to a question in this affidavit may be punishable by fine, imprisonment, or both.

**Form 4. Affidavit Accompanying Motion for Permission to Appeal *In Forma Pauperis***United States District Court for the Eastern District of NYDino Paledino  
A.B.,*Plaintiff,*

Docket No.:

CIV-07-1579 (DRH)(ARL)

v.

DHL Express (USA), Inc., et al.  
C.D.,*Defendant.*

Affidavit in Support of Motion	Instructions
<p>I swear or affirm under penalty of perjury that, because of my poverty, I cannot repay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)</p>	<p>Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "O," "none," or "not applicable" ("N/A"), write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case docket number, and the question number.</p>
<p>Signed: <u>Dino Paledino</u></p>	<p>Date: <u>5-3-10</u></p>

My issues on appeal are:

The District court improperly  
granted defendant's motion for summary judgment.

1. For both you and your spouse, estimate the average amount of money received from each of the following sources during the last twelve (12) months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

<u>Income Source</u>	Average Monthly Amount During the Past Twelve (12) Months	Amount Expected Next Month
	<u>YOU</u>	<u>YOU</u>
Employment	\$ <u>0</u>	\$ <u>0</u>
Self-employment	\$ <u>0</u>	\$ <u>0</u>
Income from real property (such as rental income)	\$ <u>0</u>	\$ <u>0</u>
Interest and dividends	\$ <u>0</u>	\$ <u>0</u>
Gifts	\$ <u>0</u>	\$ <u>0</u>
Alimony	\$ <u>0</u>	\$ <u>0</u>
Child support	\$ <u>0</u>	\$ <u>0</u>
Retirement (such as social security, insurance payments)	\$ <u>0</u>	\$ <u>0</u>
Unemployment payments	\$ <u>0</u>	\$ <u>0</u>
Public Assistance (such as "Welfare")	\$ <u>0</u>	\$ <u>0</u>
Other (specify): <u>Social Security Disability</u>	\$ <u>2,400</u>	\$ <u>2,400</u>
Total Monthly Income:	\$ <u>2,400</u>	\$ <u>2,400</u>

2. List your employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

<u>Employer</u>	<u>Address</u>	<u>Dates of Employment</u>	<u>Gross Monthly Pay</u>
<u>Pioneer Paving</u>	<u>Kings Park N.Y.</u>	<u>April - 2007</u> <u>Oct - 2008</u>	<u>2,400</u> <del><u>2,200</u></del>
<u>DHL</u>	<u>Islip N.Y.</u>	<u>April - 1985</u> <u>Oct - 2006</u>	<u>3,900</u>
<u>Green Bus Lines</u>	<u>Queens N.Y.</u>	<u>1984</u>	<u>1,700</u>

3. List your spouse's employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

<u>Employer</u>	<u>Address</u>	<u>Dates of Employment</u>	<u>Gross Monthly Pay</u>
<u>Currently Unemployed</u>	<u>N/A</u>		\$ <u>          </u>
<u>Tots unlimited</u>	<u>811 Glendale AV</u> <u>Glendale AZ</u>	<u>July 09</u> <u>Dec. 09</u>	<u>APPRX 900.00</u> \$ <u>          </u>
			\$ <u>          </u>

4. How much cash do you or your spouse have? \$ 2,000.

<u>Financial Institution</u>	<u>Type of Account</u>	<u>Amount You Have</u>	<u>Amount Your Spouse Has</u>
<u>Chase</u>	<u>Savings/Checking</u>	\$ <u>2,000</u>	\$ <u>600</u>
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.


5. List the assets and their values which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

<u>Home (value)</u>	<u>Other Real Estate</u>	<u>Motor Vehicle #1 (value)</u>
<u>N/A</u>	<u>N/A</u>	Make & Year: <u>2001 Ford Windstar</u> Registration: _____
_____	_____	_____
		<u>Motor Vehicle #1 (value)</u>
		Make & Year: <u>N/A</u> Registration: _____
		_____

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

<u>Person Owing You or Your Spouse Money</u>	<u>Amount Owed You</u>	<u>Amount Owed to Your Spouse</u>
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
_____	_____	_____
_____	_____	_____

7. State the persons who rely on you or your spouse for support.

<u>Name</u>	<u>Relationship</u>	<u>Age</u>
<u>Laura Paladino</u>	<u>Wife</u>	<u><del>41</del> 41</u>
	<u>Paladino children</u>	<u>18, 12, 6</u>

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	<u>YOU</u>	<u>YOUR SPOUSE</u>
Rent or home mortgage payment (include lot rented for mobile home)	\$ <u>500</u>	\$ <u>1000</u>
Are real estate taxes included? Yes [ ] No [ <input checked="" type="checkbox"/> ]	\$ _____	\$ <u><del>500</del> 0</u>
Utilities (electricity, heating fuel, water, sewer and telephone)	\$ <u>130</u>	\$ <u><del>28</del> 375</u>
Home maintenance (repairs and upkeep)	\$ <u>0</u>	\$ <u>0</u>
Food	\$ <u>0</u>	\$ <u>675</u>
Clothing	\$ _____	\$ _____
Laundry and Dry Cleaning	\$ <u>0</u>	\$ <u>0</u>
Medical and Dental expenses	\$ _____	\$ <u>0</u>
Transportation (not including motor vehicle payments)	\$ <u>150</u>	\$ <u>175</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ _____	\$ _____
Insurance (not deducted from wages or included in Mortgage payments)	\$ <u>0</u>	\$ <u>0</u>
Homeowner's or Renter's	\$ <u>-</u>	\$ <u>30</u>
Life	\$ _____	\$ <u>40</u>
Health	\$ <u>0</u>	\$ <u>0</u>
Motor Vehicle	\$ _____	\$ <u>150</u>
Other : _____	\$ <u>0</u>	\$ <u>0</u>
Taxes (not deducted from wages or included in Mortgage payments (specify)): _____	\$ <u>0</u>	\$ <u>0</u>
Installments payments	\$ <u>0</u>	\$ <u>0</u>
Motor Vehicle	\$ <u>0</u>	\$ <u>0</u>
Credit Card (name): _____	\$ <u>0</u>	\$ <u>0</u>
Department Store (name): _____	\$ <u>0</u>	\$ <u>0</u>
Other: _____	\$ <u>0</u>	\$ <u>0</u>
Alimony, maintenance, and support paid to others	\$ <u>0</u>	\$ <u>0</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>0</u>	\$ <u>0</u>
Other (specify): <u>School trips, projects, clothes, Art projects</u>	\$ _____	\$ <u>550</u>

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months? Yes ☐ No ☒ If yes, how much \$\_\_\_\_\_.

If yes, state the attorney's name address, and telephone number.

Name: N/A  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

10. Have you paid—or will you be paying—an attorney any money for services in connection with this case, including the completion of this form? Yes ☒ No ☐ If yes, how much? \$ 1/3 of recovery.

If yes, state the attorney's name address, and telephone number.

Name: Michael G. O'Neill  
 Address: 30 Vesey Street, Ste 301 NY, NY 10007  
 Telephone: (212) 581-0990

11. Have you paid—or will you be paying—anyone other than an attorney (such as a paralegal or a typist) any money for services in connection with this case, including the completion of this form? Yes ☐ No ☒ If yes, how much? \$ N/A.

If yes, state the person's name address, and telephone number.

Name: N/A  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

12. Provide any other information that will help explain why you cannot pay the docket fees for your appeal. See Declaration of Dino Paladino

13. State the address of your legal residence: 49 Weaving Ln  
Winstash NY 11793  
 Your daytime phone number: 516 796-7050  
 Your Age: 47  
 Your years of schooling: 12  
 Your Social Security Number: 070-60-6849